

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC O. Box 19928 Alexandria, Virginia 22320 Telephone: (703) 836-6400 Facsimile: (703) 836-2787

Attorney Docket No.: 117681

Date: January 21, 2004

## MAIL STOP PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** 

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title):

METHOD AND APPARATUS FOR MEASURING OPTICAL OVERLAY DEVIATION

By (Inventors):

Fuminori HAYANO

$\boxtimes$	Formal drawings (Figs. 1-5d; 9 sheets) are attached.			
	Use Figure for front page of Publication.  A Declaration and Power of Attorney is filed herewith.			
	This application claims benefit of Provisional Application No filed			
$\boxtimes$	(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to NIKON INSTRUMENTS, INC.			
	The executed Assignment is filed herewith.			
	An Information Disclosure Statement is filed herewith.			
	Entitlement to small entity status is hereby asserted.			
	A Preliminary Amendment is filed herewith.			
	Priority of foreign application(s) No filed in is claimed (35 U.S.C. §119).			
_	A certified copy of the above corresponding foreign application(s) is filed herewith.			
	This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that			
	the invention disclosed in this application has not and will not be the subject of an application filed in another country, or			
	under a multilateral international agreement, that requires publication of applications 18 months after filing.			
$\bowtie$	The filing fee is calculated below:			

## CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA		
BASIC FEE	- <b>1</b>	· Liker is		
TOTAL CLAIMS	32 - 20	= 12*		
INDEP CLAIMS	6 - 3	= 3*		
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED				
* If the difference is less than zero, enter "0".				

SMALL ENTITY					
RATE	FEE	<u>OR</u>			
ž.Ž.	\$ 385	<u>OR</u>			
x 9=	\$	<u>OR</u>			
x 43 =	\$	<u>OR</u>			
+ 145 =	\$	<u>OR</u>			
TOTAL	\$	<u>OR</u>			

OTHER THAN A **SMALL ENTITY** 

RATE	FEE
$a \sim s$	\$ 770
x 18	\$ 216
x 86	\$ 258
+ 290	\$
TOTAL	\$ 1244

Check No. 150244 in the amount of \$1244.00 to cover the filing fee is attached. Except as otherwise noted  $\boxtimes$ herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

erlo A. Costantino Registration No. 33,565